

2018

## LOCAL PLAN UPDATES FOR FISCAL YEAR (FY) \_\_\_\_\_ AND PROGRAM CHANGE FORM REQUIRED SIGNATURES

Directions: All applicable signatures are REQUIRED. This form with ORIGINAL signatures (signed in BLUE ink) must be submitted within five (5) working days of submitting the Local Plan Update, Program Change Application, and 40 Day Extended Contract Request in Lotus Notes. If a section does not apply to the Local Educational Agency (LEA) or the junior/community College, please indicate with "NOT APPLICABLE" in the signature line. Signatures on this form provide for certification requirements on the actual application which is submitted through Lotus Notes. The certifications shall be evidence of material representation of fact upon which reliance will be placed when the Mississippi Department of Education (MDE), Office of Office of Career and Technical Education (OCTE) determines to award the Local Plan Budget, CTE Teacher Budget, Short Term Adult Program, Financial Responsibility, Program Change application, Forty (40) Day Extended contract, or grant.

District #: 4120 District Name: Tupelo Public Schools

Contact Person: Evet Topp Telephone Number: 662-841-8990

### I. Local Plan Update Witness:

I certify that the purpose, objectives, activities, and budget represented in the Local Plan Updates (LPU) submitted through Lotus Notes are true and correct to the best of my knowledge and belief, and that funds have been budgeted and will be utilized for the successful operation of Career Technical Education (CTE) programs.

LEA SUPERINTENDENT (Secondary) or PRESIDENT (Post Secondary):

1. Dr. Gearl Loden, Superintendent  
 Printed Name & Title Signature Date

LOCAL SCHOOL BOARD CHAIRPERSON:

2. Mr. Eddie Prather, Board President  
 Printed Name & Title Signature Date

CTE DIRECTOR or CONTACT PERSON:

3. Evet Topp, CTE Director  4/6/17  
 Printed Name & Title Signature Date

### II. Teacher Budget:

I certify that the statements and budget data for the ongoing CTE programs represented on the Teacher Budget submitted through MSIS for the Local Plan Update, are true and correct to the best of my knowledge and belief, and that adequate funds have been budgeted and will be utilized to maintain instructional equipment and to provide instructional supplies and other support essential to the successful operation of these programs. I hereby pledge full cooperation with the State Board of Education (SBE) in maintaining these CTE classes so as to comply with policies and other requirements for state and federal aid as provided by law. I therefore request the maximum reimbursement for which the district qualifies.

Check One:

This FY CTE Teacher Budget has Local Board Approval. Board Approval date: \_\_\_\_\_

This FY CTE Teacher Budget is tentative, pending Local Board Approval. Board Meeting date: \_\_\_\_\_

LEA SUPERINTENDENT (Secondary): or PRESIDENT (Post Secondary):

1. Dr. Gearl Loden, Superintendent  
 Printed Name & Title Signature Date

CTE Director or Contact Person:

2. Evet Topp, CTE Director  4/6/17  
 Printed Name & Title Signature Date

**III. Short Term Adult Program Application: If applicable**

I certify that the information submitted through Lotus Notes are true and correct to the best of my knowledge and belief for Short Term Adult Programs, funded by State or Perkins IV Federal funds, and to assure accurate electronic reporting of instructional, enrollment, and demographic data that will be submitted when requesting payments to the district for completion of approved Short Term Adult Programs. A signature is required if funds requests are to be made.

**LEA Superintendent or CTE Director or President or CTE Director (Post Secondary):**

Evet Topp, CTE Director

Printed Name & Title



Signature

4-6-17

Date

**IV. Acceptance of Administrative and Financial Responsibility for Electronic and Reimbursement Requests submitted by the District to the MDE/OVTE:**

I hereby accept full administrative and financial responsibility for this Fiscal Year electronic data submitted by the district for reimbursement requests for allowable expenditures of state funds allocated to Short Term Adult Programs, and/or Federal Perkins funds budget to "Adult" or "Other Cost", Federal funds budgeted to Tech Prep "Other Cost" line items, or Perkins 85% funds.

I hereby certify that the reimbursement request(s), as submitted, is/are correct and that funds are/have been expended in accordance with state and federal regulations and documentation is on file in the local school district.

**BUSINESS MANAGER or SUPERINTENDENT (Secondary) or PRESIDENT (Post Secondary):**

Mrs. Rachel Murphree, CFO

Printed Name & Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**V. New/Conversion Program Request:**

This section acknowledges and attests to the submission of a request for a new/conversion program and certifies that the information submitted through Lotus Notes is true and correct to the best of my knowledge and belief.

1. Program Name	CIP Code (Refer to the code on the program request application)	Implementation Date
a. Law and Public Safety	439999L	August 2017
b. Culinary Arts	120500I	August 2017
c. _____	_____	_____
d. _____	_____	_____
e. _____	_____	_____

Evet Topp, CTE Director

2. CTE Center Director Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**The local board of trustees of the district recommended the approval of the proposed program application(s) and agreed to provide adequate supply funds for operation.**

Mr. Eddie Prather, Board President

3. Chairperson of Local Advisory Committee Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Dr. Gearl Loden, Superintendent

4. Local Superintendent of Education Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**VI. Extended 40 Day Contract Application for Secondary Skills Programs/Teachers:**

This section acknowledges and attests to the submission of a request for a 40 Day Extended Contract submitted for approval in Lotus Notes and certifies that the information is true and correct to the best of my knowledge and belief. Eligibility is limited to skill instructors who are already on a 200-day contract and reimbursed at 49%. No Mississippi Adequate Education Program (MAEP) support is available.

<b>1. Applicant's Printed Name</b> (Name as listed on the 40-Day Extended Contract request submitted in Lotus Notes)	<b>Signature</b>	<b>Date</b>
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____
e. _____	_____	_____
<b>2. CTE Director or Immediate Supervisor Printed Name</b>	<b>Signature</b>	<b>Date</b>

The local board of trustees of the district recommended the approval of the proposed 40-Days application(s) and agreed to provide adequate supply funds for operation.

<b>3. Local Superintendent of Education Printed Name</b>	<b>Signature</b>	<b>Date</b>
_____	_____	_____
<b>4. President, Local School Board Printed Name</b>	<b>Signature</b>	<b>Date</b>
_____	_____	_____

**VII. Program Termination:**

The district wishes to terminate the program name(s) listed below and certifies that the information submitted through Lotus Notes is true and correct to the best of our knowledge and belief.

<b>1. Program name</b>	<b>CIP Code</b> (Refer to the code on the termination request application)	<b>Termination Date</b>
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____
e. _____	_____	_____
<b>2. CTE Center Director Printed Name</b>	<b>Signature</b>	<b>Date</b>
_____	_____	_____
<b>3. Local Superintendent of Education Printed Name</b>	<b>Signature</b>	<b>Date</b>
_____	_____	_____

**Mail the original form**  
**Within five (5) working days of submitting documentation in Lotus Notes**  
**Mail to: Melissa May**  
**Office of Career and Technical Education**  
**Bureau of Compliance and Reporting**  
**P. O. Box 771**  
**Jackson, MS 39205-0771**  
**NO FAXES PLEASE**